

Systems of Care Implementation Case Studies

Appendix A—Appendix M

Appendix A: Discussion Guide

Appendix B: Interview Participant List

Appendix C: The Child and Family Services Reviews

Appendix D: California Child and Family Services Reviews Findings

Appendix E: System of Care Planning and Policy Council Memorandum of Understanding

Appendix F: Parent Partner Job Description

Appendix G: Memorandum of Agreement Between State Agencies

Appendix H: Logic Model of the North Carolina Systems of Care and Child Welfare

Appendix I: North Carolina Child and Family Services Reviews Findings

Appendix J: Memorandum of Agreement Alamance County, North Carolina

Appendix K: Family Partner Consent to Contact Form Bladen County, North Carolina

Appendix L: Family Partner Consent and Release Form Bladen County, North Carolina

Appendix M: Family Partner Program Scope of Work Mecklenburg County, North Carolina

Appendix A:

Discussion Guide

Discussion Guide¹

Context

- How did the structure of child welfare services in your state/community influence the implementation of the Systems of Care?
- How did community context (state and county-specific) – e.g., political, economic, demographic, and cultural factors – influence (positively and negatively) the implementation of the Systems of Care?

Capacity

- What factors in the internal organization environment helped to support the Systems of Care implementation (e.g., leadership, agency reorganization, staff turnover, ongoing initiatives, etc.)? What factors hindered implementation?
- What resources (fiscal, non-fiscal including training and technical assistance) were available to support the Systems of Care implementation?

Infrastructure

- Please describe the governance structure of the Systems of Care initiative (How often did the Systems of Care workgroup(s) meet? Who attended these meetings? What subcommittees existed?).
 - Who were the key leaders or champions of the initiative? What did they do/how did they support the initiative?

- How did you integrate the Systems of Care initiative into other existing efforts? What challenges were encountered (i.e., was there resistance? From whom and why)? How were these challenges addressed?
- How did the initiative change over the funding period? How is it continuing to evolve as the grant funding winds down?

Outcomes/Impact and Sustainability

- What has been the greatest impact of the Systems of Care initiative (i.e., in what ways has it fostered changes in policy, organizational culture, administration, and direct practice with children and families)?
- What efforts have been taken to ensure the sustainability of your Systems of Care work? Which components of the work are more likely to be sustained and why?

Lessons Learned

- What are the lessons learned about what works and what doesn't work in a Child Welfare Systems of Care implementation?

¹ Questions were adapted for each interview participant. For additional information on the interview protocol, please contact Aracelis Gray at agray@icfi.com.

Appendix B:

Interview Participant List

Participant List²

Contra Costa, California

1. Ed Cohen, Professor and Researcher, San Jose State University (formerly with University of California, Berkeley)
2. Dana Fabella, former CFS Director and Project Director/Principal Investigator
3. Valerie Early, CFS Director; former Principal Investigator)
4. Neely McElroy, Project Director and former Project Coordinator
5. Cheryl Barrett, Parent Partner
6. Jill Duerr Berrick, Local Evaluator, University of California, Berkeley
7. Rich Weisgal, Children's Mental Health Program Manager, Staff to SoC Policy Council
8. Judi Knittel, Family Engagement Supervisor/Parent Partner Coordinator

North Carolina

1. Gary Ander, Systems of Care Coordinator, Department of Social Services, Alamance County
2. Candice Britt, Child and Family Services Review Coordinator, NC Department of Social Services
3. Janine Britt, Mental Health Systems of Care Coordinator, Bladen County
4. Karen Butler, Deputy Director, Youth and Family Services, Department of Social Services, Mecklenburg County
5. Kelly Crowley, Mental Health Systems of Care Coordinator, MH/DD/SA
6. Rickey Hall, Social Services Supervisor, Youth and Family Services, Department of Social Services, Mecklenburg County
7. Rebecca Huffman, Program Manager, Regional Training Centers, NC Division of Social Services; former SoC Project Director
8. Sonia Johnson, Parent Partner, Bladen County
9. Angela Mendell, Systems of Care Coordinator, Department of Social Services, Bladen County
10. Susan Osborne, Director, Department of Social Services, Alamance County
11. Joel Rosch, Co-Chair (former), State Collaborative for Children and Families
12. Vickie Smith, Social Work Program Manager, Department of Social Services, Bladen County
13. Liz Snyder, Local Evaluator, Center for Child and Family Policy, Duke University
14. Connie Windham, Mental Health Systems of Care Coordinator, Alamance County
15. Rick Zechman, Special Projects Coordinator, Family Support and Child Welfare Team, NC Department of Social Services

² Interview participant job titles reflect their roles at the time of the interviews and may differ from roles held during Systems of Care initiative implementation.

Appendix C:

The Child and Family Services Reviews

The Child and Family Services Reviews

The Child and Family Services Reviews process was initiated as a means for the U.S. Department of Health and Human Services (more specifically the Children's Bureau and the Administration for Children and Families) to: 1) monitor State child welfare agencies' compliance with Federal child welfare requirements; 2) gauge the experiences of children and families receiving State child welfare services; and 3) assist States in building capacity to help children and families achieve positive outcomes. The Child and Family Services Reviews process consists of a statewide assessment of child welfare data and practices as well as an onsite review by Federal and State teams that conduct case record reviews, case-level interviews, and stakeholder interviews to assess systemic issues.³

Since 2000, there have been two rounds of Child and Family Services Reviews conducted in all fifty States. Each Child and Family Services Review assessed statewide compliance with seven child welfare outcome areas and seven systemic factors. The child welfare outcomes are organized according to safety outcomes, permanency outcomes, and child and family well-being outcomes. The child welfare outcomes assessed by the Child and Family Services Reviews include the following:

Safety Outcomes

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcomes

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

Child and Family Well-Being Outcomes

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

The seven systemic factors assessed by the Child and Family Services Reviews include:

1. Information System Capacity.
2. Case Review System.
3. Quality Assurance System.
4. Training.
5. Service Array.
6. Agency Responsiveness to Community.
7. Foster and Adoptive Parent Licensing, Recruitment, and Retention.

States that are not in compliance with any of the outcomes or systemic factors must prepare a Program Improvement Plan that includes action steps for bringing the State into conformity.

³ <http://www.acf.hhs.gov/programs/cb/cwmonitoring/recruit/cfsrfactsheet.htm>

Appendix D:

California Child and Family Services Reviews Findings

California Child and Family Services Reviews Findings

<i>California's Conformance with Child Welfare Outcome Areas</i>				
	Child and Family Services Review (Round 1)		Child and Family Services Review (Round 2)	
	<i>Met Standard</i>	<i>Did not Meet Standard</i>	<i>Met Standard</i>	<i>Did not Meet Standard</i>
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.		●		●
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		●		●
Permanency Outcome 1: Children have permanency and stability in their living situations.		●		●
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.		●		●
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.		●		●
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.		●		●
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.		●		●
<i>California's Compliance with Child Welfare Systemic Factors</i>				
	Child and Family Services Review (Round 1)		Child and Family Services Review (Round 2)	
	<i>Met Standard</i>	<i>Did not Meet Standard</i>	<i>Met Standard</i>	<i>Did not Meet Standard</i>
Statewide Information System	●		●	
Case Review System		●		●
Quality Assurance System		●	●	
Training		●		●
Service Array		●		●
Agency Responsiveness to the Community	●		●	
Foster and Adoptive Parent Licensing, Recruitment, and Retention		●		●

Appendix E:

System of Care Planning and Policy Council Memorandum of Understanding

System of Care Planning and Policy Council

Memorandum of Understanding

This Memorandum of Understanding (MOU) is created for the purpose of forming a multi-agency collaborative called the System of Care Planning and Policy Council, also referred to as the Policy Council. The purpose of this Policy Council is to support and coordinate access to services for children and families in Contra Costa County.

Member agencies are those that serve children, including those with serious emotional disorders, children at risk for multiple out-of-home placements, transitional aged youth, and those children and families served by multiple agencies and/or jurisdictions.

Member agencies commit to support, coordinate, and collaborate with other member agencies in the effective delivery of service to eligible children and families in Contra Costa County.

Organization

Membership—Agencies shall become members of the “System of Care Planning and Policy Council” upon signing this Memorandum of Understanding.

Governing Body—The System of Care Planning and Policy Council shall be the governing body of System of Care collaborative initiatives upon request.

Representation—Each member agency shall appoint one representative and one alternate representative to serve on the Policy Council.

The System of Care Planning and Policy Council reports to the Family and Human Services Committee of the Board of Supervisors.

Membership shall include:

1. Director, Children and Family Services, Employment and Human Services
2. Chief Probation Officer, Juvenile Probation
3. Assistant Superintendent, Contra Costa County Office of Education
4. Director, Contra Costa SELPA
5. Director, Mt. Diablo SELPA
6. Director, West Contra Costa SELPA
7. Coordinator, Family Network
8. Consumer Representatives - Family Members and Youth representatives from Member agencies
9. Program Chief, Children and Adolescent Mental Health Services
10. Deputy Director, Child Health and Disability Prevention Program
11. Director, Community Services Department
12. Director, Alcohol and Other Drugs Services
13. Director, Child & Adolescent Services, Regional Center of the East Bay

Members of the Policy Council may send a delegate from their agency in their absence and the Policy Council may add additional members as it chooses. It is anticipated that the Policy Council will expand to include representation from additional school districts and other public agencies that serve children and an increased number of consumers (family members and youth) as needed.

Responsibilities of the System of Care Planning and Policy Council include:

1. Provide oversight of new and current Systems of Care collaborative initiatives and projects as mandated or requested by the requirements of the project or proposal.
2. Establishment and monitoring of countywide client outcomes.
3. Regular review of countywide cost outcomes.
4. Regular review of other system performance measures.
5. Collaborative planning and resource development to address gaps in the delivery of services to children and families.
6. Development of policy relating to interagency coordination.
7. Make recommendations to community and governmental bodies that impact service to the children and families in Contra Costa County.
8. Keep the Child and Family Policy Council of the Board informed and updated regarding emerging issues.

Each of the signatories to the MOU agrees to participate in the Policy Council at the department head or deputy department head level and to implement its decisions in matters of interagency coordination, so long as those decisions do not conflict with the Governing Board directives or with existing County, State, or Federal laws or regulations.

Philosophy

The System of Care Planning and Policy Council will provide a collaborative approach, called System of Care, to delivering services to children and families in Contra Costa County for whom traditional service delivery models have been ineffective. An imperative of these collaborative approaches is

culturally competent assessment, service delivery, and evaluation, all of which must take into account the family's culture, ethnicity, religion, race, gender, socioeconomic status, language, sexual orientation, geographical origin, neighborhood location, and immigration status. The Policy Council also emphasizes the inclusion of family members and youth in the development of the System of Care. The family and youth members will serve as the "voice" of other service consumers and advocate for the needs of Contra Costa families and youth. The Policy Council will be guided by the Systems of Care principles.

Target Population: Below are the target populations that are monitored by the Policy Council that include, but are not limited, to the list below:

1. Children and youth with Serious Emotional Disorders between the ages of 5 and 18 who are currently involved with at least one of the four major child-serving agencies (Health/Mental Health, Children and Family Services, Juvenile Probation, Education) and who are exhibiting difficulties functioning in at least two areas of daily living (school, home, community).
2. Children and youth who are at risk for multiple out-of-home placements or are currently experiencing multiple out-of-home placements.
3. High-risk children in out-of-home placement who are being served by multiple member agencies.
4. Transitional aged youth (16-18 year olds) that require more intensive supports than are available through traditional service delivery models such as the Independent Living Skills Program.

System of Care participants will be identified through data reporting systems for enrollment into the collaborative initiatives.

Shared Client Information System

The Policy Council will strive for the development of a common pool of shared data regarding client characteristics, services and outcomes. To this end:

1. Each of the member agencies agrees to make basic client, service delivery, and outcome data available.
2. The Policy Council will determine by mutual agreement what information can be extracted and shared.
3. A common release of information will be developed and used by all participating agencies. All necessary steps will be taken to protect client confidentiality requirements.
4. Each signatory will participate in the development of a computer-based system that will permit on-line pooling of basic client data to improve coordinated service for shared cases and that will maintain the basic data necessary to monitor System of Care outcomes.
5. Share agency data with agency partners for collaborative grants and proposals when requested.

Sustainability/Resource Development

A major element of the ongoing evolution of the System of Care will be the development of structures to link the participating organizations into systems of shared resources, coordinated infrastructure development, risk sharing, and reinvestment of cost savings. The Policy Council has tasked the Sustainability/Resource Development subcommittee with this endeavor.

Another component of the Policy Council is to serve as a collaborative starting point when member agencies pursue future grants or proposals that are aligned with the values and principles of Systems of Care. The subcommittee will strive to become a clearinghouse of information (data and program information) that may be utilized for other member agencies when applying for new collaborative grants. The subcommittee will meet regularly and may add ad hoc members whenever necessary to suit the requirements of a proposed project or grant.

Service Objectives: Below are the Service Objectives that are monitored by the Policy Council that include, but are not limited to, the following objectives:

1. Reduce out-of-home placements for System participants.
2. Reduce length of stay for children who are placed out-of-home.
3. Reduce placement disruptions and increase placement stability.
4. Reduce psychiatric hospitalizations.
5. Reduce juvenile offender recidivism.
6. Improve school attendance and performance.
7. Strengthen life skills of participating children.
8. Support parents and strengthen families.
9. Increase parent and community involvement in all levels of System of Care.
10. Increase successful permanency outcomes.
11. Ensure that children, youth and families receive culturally competent services.
12. Improve preparation of transitional aged youth for self-sufficiency at emancipation into adulthood.

Term of Agreement

This Agreement shall be effective for each participating agency upon signing by the authorized representative of that agency.

Signature

Date

Contra Costa County Administrator

Presiding Judge, Contra Costa County Juvenile Court

Director, Contra Costa County Health Services Department

Director, Contra Costa County Employment and
Human Services

Contra Costa County Chief Probation Officer

Director, Contra Costa County Community
Services Department

Superintendent, Contra Costa County Office of Education

Superintendent, Mt. Diablo Unified School District

Superintendent, West Contra Costa Unified School District

Director, Children & Family Services

Director, Mental Health Services

Director, Contra Costa County Special Education
Local Plan Area

Director, Substance Abuse Services

Program Chief, Children's Mental Health Services

Director, Child and Adolescent Services, Regional Center
of the East Bay

Appendix F:

Parent Partner Job Description

Parent Partner Job Description

Parent Partners are parents (mothers and fathers) who have first-hand experience with the Child Welfare system, and who have exhibited exceptional qualities in their own efforts to develop viable permanency plans for their children, an understanding of how the Child Welfare system works, an appreciation of what it takes to be successful, and personal qualities that lend themselves to collaboration on various levels. The preferred Parent Partner candidate will possess a positive attitude, sincerity, and a willingness to help others. In order to be considered for this position, the Parent Partner's case must be closed, and he/she must be maintaining family stability.

Parent Partners: are life-trained paraprofessionals who have successfully negotiated the child welfare system. These parents can offer a wealth of knowledge and experience in two ways:

1. As *parent advocates* the Parent Partners will mentor parents currently involved in the system. It is expected that Parent Partners will attend Team Decision-Making (TDM) Meetings as a supportive voice for the family, and/or
2. As *parent leaders* the Parent Partners will act as the "parent's voice" while participating on various committees and workgroups.

Although the two functions are separate and distinct, it is expected that some Parent Partners will serve in both capacities.

General Parent Partner Duties

- Allot the time necessary to work with the Parent Partner Coordinator and participate in professional development opportunities.
- Demonstrate an understanding of and an ability to successfully implement concepts presented in orientation and training.

- Possess, or be willing to learn, "professional behavior" elements (e.g.) ability to work with people, ability to clearly communicate with people, maintain confidentiality, engage in respectful interaction.
- Possess good interpersonal skills.
- Exhibit qualities of dependability, empathy, genuineness, respect, and maintain a positive and supportive attitude.
- Complete all paperwork, including but not limited to, leave requests, demands, mileage forms, and correspondence in an organized, accurate and timely fashion.
- Regularly attend supervision with the Parent Partner Coordinator.

Parent Advocate Responsibilities

Parent Advocates are required to provide advocacy, support and referral services to clients assigned to their caseload. The Parent Advocate is expected to:

- Actively participate as a parent mentor to families currently involved with Contra Costa County Children and Family Services.
- Be willing and able to attend court appearances and meetings (including TDMs) when requested to do so by the parent.
- Make necessary contacts in order to review pertinent family information and discuss case with appropriate stakeholders.
- Meet with his/her assigned parent(s) as agreed upon in supervision. It is anticipated that generally the Mentor and Mentee will meet on an average of 8 hours per month, although more or less contact may be approved by the Parent Partner Coordinator.
- Assess the client and determine the case needs. Parent Advocates will serve as a knowledgeable source of community resources.

- Document all contacts and interactions with their Mentee on approved contact form; documentation must be accurate and timely.
- Encourage and support the Mentees' positive behavior and celebrate his/her successes.

Parent Leader Responsibilities

Parent Leaders will attend meetings and will offer input that represents the parents' perspective and interests. The Parent Leader is expected to:

- Attend all meetings, as requested, and serve as the parents' voice on committees and workgroups.
- Possess, or be willing to develop the skills necessary to discuss their experiences in workgroups and on panels.
- Help with and attend special events, as required.
- Follow through on all assignments.

Minimum Qualifications

Education: Some high school education. Diploma or GED preferred.

Experience: Applicant must have experience as a parent or family member who has been involved in the child welfare system.

A valid driver's license is preferred.

Funding

The Systems of Care Grant is a five-year grant. There are full time and part-time positions available. An hourly rate will be paid for the work performed. Parent Partners will report directly to the Parent Partner Coordinator.

Prepared by Judi Knittel 11/9/04

Appendix G:

Memorandum of Agreement Between State Agencies

**Agreement
Between the North Carolina
Department of Health and Human Services
And
Department of Juvenile Justice and Delinquency Prevention
And
Administrative Office of the Courts
And
Department of Public Instruction**

**Regarding Comprehensive Treatment Services Program for Children at Risk for
Institutionalization or Other Out of Home Placement**

This Agreement is made and entered into as of the date set forth below, by and between the North Carolina's Department of Health and Human Services, Department of Juvenile Justice and Delinquency Prevention, Administrative Office of the Courts, and the Department of Public Instruction.

Whereas, the Department of Health and Human Services is mandated by law, Session Law 2001-424, Section 21.60 as re-written in SB 163 Section 1(a) and Section 1(b) to establish the Comprehensive Treatment Services Program (CTSP) for children and adolescents at risk for institutionalization or other out-of-home placement, in consultation with the Department of Juvenile Justice and Delinquency Prevention, the Department of Public Instruction, and other affected State agencies, and

Whereas, the Purpose of the Program is to provide appropriate and medically necessary residential and nonresidential treatment alternatives for children and adolescents at risk of institutionalization or other out-of-home placement; and

Whereas, Program Funds may also be used to expand a system-of-care approach for services to children, adolescents and families statewide.

Therefore, the signatories of this agreement recognize that a system-of-care approach should form the basis for the use of Comprehensive Treatment Services Program. The terms of this agreement shall be in effect FY 05-06 through FY 07-08.

Guiding Principles & Plan

Signatories of this agreement agree to the following guiding principles expressed in SL 2001-424, Section 21.60 and SB 163, Section 1(a) and 1(b):

- Deliver services that are outcome-oriented and evidence-based.
- Deliver services as close as possible to the child's home.
- Select services that are most efficient in terms of cost and effectiveness.
- Involve families and consumers in decision making throughout treatment planning and delivery.
- Provide services that are not solely for the convenience of the provider or the client.

Furthermore, signatories of this agreement, through their participation in the State Collaborative, agree to collaborate in the planning and recommending of policies to the various departments, divisions, and affected state agencies, to accomplish the following functions:

A. Coordination & Collaboration among State Agencies regarding CTSP:

1. Involve families in planning and decision making at the state, regional and local level.
2. Identify participants in the State Collaborative who can effectively represent the priorities and concerns of their respective sections/departments/agencies.
3. Identify resources that are regionally accessible and meet the needs of special populations.
4. Develop guidelines regarding community collaborative, and child and family teams.
5. Develop procedures, to the extent permitted by law, for sharing information about specific children and adolescents among agencies.
6. Encourage community-based services and supports that cross existing agency boundaries and funding streams.
7. Develop mechanisms to maximize Federal, state and local funding options.
8. Develop and recommend policies governing cost-sharing, braiding funds, and flexible funds.
9. Develop and recommend policies to eliminate cost shifting.
10. Develop a common database, to the extent permitted by law, to assist in the report to the legislature.
11. Collaborate in the implementation of rules, policies, and guidelines developed as a result of Section 4 of SB 163, that affect CTSP children and adolescents.
12. Share cross agency/family/community training and technical assistance to promote best practices and outcomes-based accountability.
13. Work with parents and families to educate the public on the needs of children and adolescents.
14. Jointly appear before legislative committees regarding CTSP.

B. Evaluation & Outcomes

- DHHS, in conjunction with DJJDP, DPI, and other affected agencies, will report on the following information as identified in Section 21.60(g) as re-written in SB 163 Section 1(a):
 1. The number and other demographic information of children and adolescents served.
 2. The amount and source of funds expended to implement the [CTSP] Program.
 3. Information regarding the number of children and adolescents screened, specific placement of children and adolescents including the placement of children and adolescents in programs or facilities outside of the Child's home county, and treatment needs of children and adolescents served.
 4. The average length of stay in residential treatment, transition, and return to home.
 5. The number of children and adolescents diverted from institutions or other out-of-home placements such as Youth Development Centers and State psychiatric hospitals and a description of the services provided.
 6. Recommendations on other areas of the [CTSP] Program that need to be improved.
 7. Other information relevant to successful implementation of the [CTSP] Program.
 8. A method of identifying and tracking children and adolescents placed outside of the family unit in group homes or therapeutic foster care home settings.
- DHHS, in conjunction with DJJDP, DPI, and other affected agencies, shall submit a report to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services and the Fiscal Research Division as required by legislation.

- Assess parent/family involvement in child and family teams.

Department of Public Instruction

The Department of Public Instruction agrees to:

1. Participate in the State Collaborative.
2. Encourage personnel in Local Education Agencies (LEAs) to participate in local community collaborative.
3. Encourage participation in child and family teams.
4. Collaborate with other departments in training efforts to address system of care as the methodology for accomplishing CTSP mandates, including using federal funds for this purpose.
5. Encourage superintendent(s) and director(s) of charter schools to sign, and to participate in the implementation of the local MOA for the Comprehensive Treatment Services Program.
6. Ensure that all children and adolescents who have disabilities and who are in need of special education, related services and supports are identified, located and evaluated. This includes acting to refer the child for a comprehensive evaluation in all situations when a school system has reason to suspect that a child might be eligible for services and supports.
7. Provide information and/or training to administrators, support services staff, alternative learning program staff, and exceptional children staff in the school and school system regarding their roles in the implementation of CTSP for students who are at risk of institutionalization of other out of home placement.
8. Work jointly with DHHS to provide structure, information, and guidance to local schools and school systems to assist them in working with local management entities, area authorities and county programs to provide services that are billable to Medicaid, CTSP, Health Choice, etc.

9. Collect DPI relevant data to provide information to DHHS for the report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

Administrative Office of the Courts

The Administrative Office of the Courts recognizes that the following programs and staff have direct contact with children and adolescents and their families and/or directly impact children and adolescents and their families”

- District Court Judges
- Youth and Family Drug Treatment Courts
- Guardian ad Litem
- Child Custody Mediation Program
- Family Courts Programs
- Juvenile Court Improvement Project

The Administrative Office of the Courts agrees to:

1. Participate in the State Collaborative.
2. Encourage judges to hear evidence from the child and family team when considering the need to order certain residential and program placements and to engage in other appropriate consultation, that does not involve ex-parte communication, with a party to a pending proceeding.
3. Encourage a representative of the Guardian ad Litem program to be a member of each child and family team when there is a pending abuse or neglect case involving that child.
4. Encourage a representative of the Youth and/or Family Drug Treatment Court Program to be a member of each Child and Family Team when the child is involved in one of these programs.
5. Recommend a staff member from the Family Court be a member of each Child and family team in Family Court Judicial Districts.
6. Encourage Chief District Court Judges to sign, and to participate in the implementation of the local MOA for the Comprehensive Treatment Services Program.

7. Support the concepts and principles of system of care through encouraging and assisting in the training of Judges and other child/family related AOC/judicial staff.
8. Collaborate with other departments in training efforts to address system of care as the methodology for accomplishing CTSP mandates.
9. Collect ACO relevant data, and to the extent permitted by law, provide information to DHHS for the report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

Department of Health and Human Services

The Department of Health and Human Services, in the service of children and adolescents and their families who are at risk of institutionalization or other out of home placement, agrees to:

1. Participate in the State Collaborative.
2. Require local and regional counterparts of DHHS to implement system of care approach in accomplishing CTSP mandates.
3. Require collaboration for the financing and administration of CTSP by all sections/divisions working with children, adolescents and families.
4. Develop an inventory of resources and services for children, adolescents and families in order to eliminate cost shifting and facilitate cost sharing.
5. Encourage local and regional counterparts of DHHS to participate in the local and regional community collaboratives.
6. Collaborate internally with sections and divisions in training activities to promote system of care as the approach for accomplishing CTSP mandates.
7. Collaborate with other departments in training efforts to address system of care for accomplishing CTSP mandates.

8. Collaborate with DJJDP and other affected state agencies to develop standards for intervention and treatment with special/target populations.
9. Require local counterparts of the divisions of DHHS to sign and implement the provisions of the local MOA as a pre-condition for receiving CTSP funds.
10. Work within its Divisions to develop common language, definitions, assessment measures, outcome tools, and data collection methodology.
11. Work jointly with the Department of Juvenile Justice and Delinquency Prevention, Department of Public Instruction and the Administrative Office of the Courts to provide structure, information, and guidance to assist local staff in working with local mental health agencies to provide services.
12. Support the Department of Juvenile Justice and Delinquency Prevention, Department of Public Instruction and the Administrative Office of the Courts in the following efforts:
 - Completing of CTSP eligibility screening of referred youth.
 - Partner to provide appropriate services for youth, including placement.
13. Support the Division of Medical Assistance (DMA) in the following efforts:
 - Research options for financing programmatic efforts with Medicaid funds.
 - Estimate immediate and long term appropriations requirements associated with Medicaid financing.
 - Develop State Medicaid Plan amendments and financing policies after approval of the Secretary and in accordance with federal guidelines.
14. Collect data in order to report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

15. Collect data in order to report to the legislature on participation in Child and Family Teams of the Department of Public Instruction, Administrative Office of the Courts, Department of Health and Human Services, and Department of Juvenile Justice and Delinquency Prevention.

The Department of Juvenile Justice and Delinquency Prevention agrees to:

1. Participate in the State Collaborative.
2. Participate in the local and regional community collaboratives.
3. Participate in and provide collaborative training.
4. Encourage Area Administrators, Chief Court Counselors, and Facility Directors to sign, and to participate in the implementation of the local MOA for the Comprehensive Treatment Services Program.
5. Collaborate with other agencies in developing protocols for the sharing of specific child and family information.
6. Develop a more uniform screening process in determining juveniles that are appropriate for referral to the Comprehensive Treatment Services Program.
7. Collaborate with other departments in training efforts to address system of care as the methodology for accomplishing CTSP mandates.
8. Collaborate with DHHS and other affected state agencies to develop standards for intervention and treatment with special/target populations.
9. Collect DJJDP relevant data to provide information to DHHS for the report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

Glossary

Best Practices: Treatment approaches and services that are considered to be among the best available from a national perspective.

Braided Funds: Braided funding is the pooling and coordination of resources of all stakeholders involved with a child and family, while maintaining the integrity of each agencies funding stream.

Categorical Funding: Funds that can only be used for certain services and/or populations.

Child and family teams (CFTs): Child and family teams plan and coordinate services and supports to children and adolescents and their families using CTSP and braided funds. Team members are front line agency staff, the family, youth and other stakeholders directly involved in the treatment, habilitation, and/or support of the child and family. Any participating agency including DSS, DPI, DJJDP, or DMH/DD/SAS may initiate and lead a child and family team. The child and family team works in full partnership with the family to make service decisions and to coordinate delivery of those services.

Collaboration: Collaboration is often preceded, as a system, by coordination and cooperation. Collaboration is characterized by:

- Families as full partners in service delivery, who drive services and supports.
- Community involvement.
- Interdependence and shared responsibility among stakeholders.

Collaboratives:

- Local: The local community collaborative is composed of various community agencies, service providers, organizations, families and advocates who are concerned and committed to children and adolescents with mental health, substance abuse, and developmental disabilities needs and their families. These members work as a team to support and oversee meeting the outcomes identified by children, adolescents and families and determined by consumer satisfaction, their communities' child and family teams and the development of their local system of care.

- **Regional:** The regional collaborative is composed of those regional staff from various state agencies and families who serve the functions of planning, conflict resolution of local issues, technical assistance to local collaboratives, and policy guidance recommendations to the State Collaborative.
- **State:** The State Collaborative is composed of representatives from state level agencies, families, child and family advocates and other systems to provide recommendations to the various Departments about ways to coordinate services, funding, training, and reporting requirements.

Consumers: This is a term that has evolved from patient to client to consumer and refers to the children, adolescents and/or family who are receiving their identified services and reports.

Cost Shifting: When one system decides, without consulting youth, family, or child and family teams, that a youth would be better served in another system other than the one in which the youth is currently served. One system arbitrarily determines that a youth can be better served in another system.

Evidence Based: Evidence Based Treatment (EBT) services are research-validated therapies.

Flexible Funds: Funds identified outside of categorical funding that may be used for non-traditional purchases that allow a youth at risk of out of home placement to remain at home.

Health Choice: The state health care insurance system for families that are ineligible for Medicaid, but do not have the resources to provide private medical insurance coverage. Many of the services funded are the same as those offered through Medicaid.

Medical Necessity (from DMA Child Level of Care Document): “Treatment must be medically necessary: there must be a DSM-IV-TR Axis I current diagnosis reflecting the need for treatment and the service

must be necessary to meet specific preventative, diagnostic, therapeutic, rehabilitative, palliative, or case management needs of the child.

Special/Target Populations: These are the youth identified in Session Law 2001-424, Section 21.60, and are those populations that have traditionally been under-served and/or not served appropriately. These include youth who are Deaf/Hard of Hearing, Deaf-blind, with challenging sexual behaviors, co-occurring disorders, serious emotional disturbance, and/or substance abuse treatment needs.

System of Care: Is a model of care that is considered to be a best practice model. An approach to systems serving children and adolescents and families that adheres to System of Care Values and System of Care Principles.

System of Care Principles

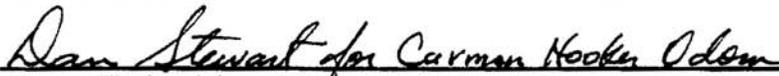
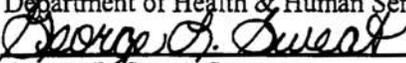
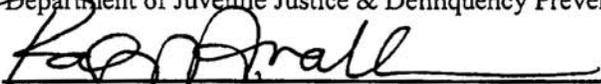
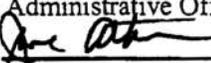
- Array of appropriate services addressing the whole child/family
- Individualized, integrated service plan, developed from a person centered planning process
- Services are seamless, clinically appropriate, delivered in least restrictive, most normative environment
- Family are full participants in planning and delivery of service
- Integration and collaboration between all systems involved in Child/Family’s life-Case Management to ensure early identification with positive outcome anticipation
- Smooth transition to adult service systems
- Rights protected and effective advocacy
- Receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

System of Care Values: Child-Centered, Family-Focused, Community-Based, Culturally Competent.

Agreement
Between the North Carolina
Department of Health and Human Services
And
Department of Juvenile Justice and Delinquency Prevention
And
Administrative Office of the Courts
And
Department of Public Instruction

Regarding Comprehensive Treatment Services Program for Children At
Risk for Institutionalization or Other Out of Home Placement
State Fiscal Year 2005/2006 through 2007/2008

Signatures of Parties to this Agreement:

 Carmen Hooker Odom, Secretary Department of Health & Human Services	<u>3-22-06</u> Date
 George L. Sweat, Secretary Department of Juvenile Justice & Delinquency Prevention	<u>03-07-06</u> Date
 Ralph A. Walker, Director Administrative Office of the Courts	<u>3-1-06</u> Date
 June Atkinson, Superintendent Department of Public Instruction	<u>3/19/06</u> Date

Appendix H:

Logic Model of the North Carolina Systems of Care and Child Welfare

Logic Model of the North Carolina Systems of Care and Child Welfare

Inputs		Outputs		Outcomes – Impact		
	Activities	Participation	Short Term	Medium Term	Long Term	
<p>What we invest:</p> <ul style="list-style-type: none"> Staff Supervisors Managers Community Partners Family Members Children and Youth Time Money Political Leverage Materials Technology 	<p>What we do:</p> <p>Engage community at both State and local levels to define desired results for children and families in the community.</p> <p>Develop family partnerships</p> <ul style="list-style-type: none"> Engage families Educate and train families to work on committees, boards, etc. Provide support <p>Develop collaborative entities (cross-agency) at both State and local levels.</p> <ul style="list-style-type: none"> Provide administrative support Train Provide technical assistance and consultation <p>Design and deliver training, mentoring, and consultation.</p>	<p>Who we reach:</p> <ul style="list-style-type: none"> Family Members Staff Supervisors Managers Partner Agencies Community Members County Officials State Officials Legislators and policy staff 	<p>What the short term results are:</p> <ul style="list-style-type: none"> Community results are identified and plans are developed. Families are knowledgeable about the system redesign; willing to participate; have been appointed to planning committees; and feel supported in their roles as parents and equal partners. Collaborative entities at both State and local levels are operational and have methods of communicating between them. All members are knowledgeable about collaboration. Staff has increased skill and commitment to family-centered care, joint planning, Child and Family Teams, and strength-based approaches. 	<p>What the medium term results are:</p> <ul style="list-style-type: none"> Families are partners in case planning. Strength-based assessment and planning approaches are utilized for all families. All eligible children are served through Child and Family Teams. Services are developed that are: responsive to the individual needs of families, community-based, and culturally competent. Collaboratives are resolving procedural issues that impede effective service delivery; developing strategies to build capacity; and braiding funds to meet the needs of families. Policy issues are raised to the appropriate level for review, discussion, and possible modification. 	<p>That the ultimate results are:</p> <ul style="list-style-type: none"> Children are, first and foremost, protected from abuse and neglect. Children are safely maintained in their homes whenever possible and appropriate. Children have permanency and stability in their living situations. The continuity of family relationships and connections are preserved for children. Families have enhanced capacity to provide for their children's needs. School-age children have educational achievement appropriate to their abilities. Children receive adequate services to meet their physical and mental health needs. 	

Evaluation

Planning

Appendix I:

North Carolina Child and Family Services Reviews Findings

North Carolina Child and Family Services Reviews Findings

<i>North Carolina's Conformance with Child Welfare Outcome Areas</i>				
	Child and Family Services Review (Round 1)		Child and Family Services Review (Round 2)	
	<i>Met Standard</i>	<i>Did not Meet Standard</i>	<i>Met Standard</i>	<i>Did not Meet Standard</i>
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.		●		●
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		●		●
Permanency Outcome 1: Children have permanency and stability in their living situations.		●		●
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.		●		●
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.		●		●
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.		●	●	●
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.		●		●
<i>North Carolina's Compliance with Child Welfare Systemic Factors</i>				
	Child and Family Services Review (Round 1)		Child and Family Services Review (Round 2)	
	<i>Met Standard</i>	<i>Did not Meet Standard</i>	<i>Met Standard</i>	<i>Did not Meet Standard</i>
Statewide Information System	●		●	
Case Review System	●			●
Quality Assurance System	●		●	
Training	●		●	
Service Array	●			●
Agency Responsiveness to the Community	●		●	
Foster and Adoptive Parent Licensing, Recruitment, and Retention	●		●	

Appendix J:

Memorandum of Agreement
Alamance County, North Carolina

Memorandum of Agreement Alamance County, North Carolina

Purpose of Agreement

We agree to work together to implement a System of Care approach for our children and their families in Alamance County. To this end, we agree to work together as full and equal partners to create neighborhood and community environments in Alamance County that empower and support these children and their families to reach their full potential as responsible, productive, and caring individuals.

The MOA partners will develop a System of Care approach adhering to the following core values and guiding principles:

Core Values

1. Services and supports provided for children and their families should be child centered and family focused, with the needs of the child and family dictating the types and mix of services and supports provided.
2. Services and supports should be neighborhood- and community-based, with the focus of services, supports, and decision-making responsibility resting at the local level.
3. Services and supports should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic strengths and differences of the children and families they serve.
2. Receive individualized services and supports in accordance with their unique strengths, needs and potentials, guided by one integrated and individualized Child and Family Team plan.
3. Receive services and supports within the least restrictive, most normative environment that is appropriate and safe.
4. Be full participants in all aspects of the planning and delivery of their services and supports.
5. Receive services and supports that are integrated, linked among agencies and providers, and promote common mechanisms for planning, developing, and coordinating services.
6. Be provided case management or similar mechanisms to ensure that multiple services and supports are delivered in a coordinated and therapeutic manner so that movement through the system of services and supports responds to their changing needs.
7. Have the benefit of prevention, early identification and intervention to enhance the likelihood of positive outcomes.
8. Have their rights protected through effective advocacy.
9. Receive services without regard to race, religion, national origin, gender and sexual orientation, physical disability, or other characteristics, with services and supports that are sensitive and responsive to cultural differences and unique needs.

Guiding Principles

Children and their families should:

1. Have access to a comprehensive array of services and supports that advance strengths and address physical, emotional, social, spiritual, and educational needs.

Implementation of Agreement

We agree to work together to build an array of services, supports and linkages among the public agencies, families, their neighborhoods and communities that is responsive to our children and their families through the following activities:

1. Empower our representatives in existing collaborative entities to implement System of Care approaches, in accordance with Systems of Care values and principles. Develop genuine, equal, and supportive partnerships among all local collaborative entities.
2. Actively promote the participation of family members in all local collaborative entities and cultivate effective parent and service provider partnerships through other formal and informal strategies.
3. Work together to identify common goals and promote the development of a common language that both child-serving professionals and parents understand.
4. Provide individualized, comprehensive, community-based, culturally responsive, and family driven services/supports through our respective agencies, organizations, and resources.
5. Develop and use a common Child and Family Team planning form to be used by all agencies.
6. Integrate existing services and supports with other identified resources.
7. Actively support the evaluation of service outcomes in order to inform decision-making and improve service delivery and processes that involve families receiving services.
8. Share training information and promote cross-agency/provider/family training activities that support the development of System of Care approaches.
9. Maximize existing resources and develop sustainable funding strategies among public agencies as well as seek additional funding for early intervention and prevention programming.
10. Actively promote the development of protocols to review the needs of children and families receiving services from multiple agencies to establish effective, accessible, and integrated services and supports, and to reduce duplication of effort.

11. Work together to seek and share new resources in support of this MOA.
12. Actively promote public awareness and community support for a collaborative System of Care approach.

Scope of Agreement

It is understood that while each of the agencies represented in this agreement have well-defined duties and responsibilities that are mandated by State and Federal Law, this agreement is not intended to and shall not diminish responsibility or supplant the existence of services or authority of the participating agency.

This agreement is intended to be a living document that reflects the intentions of Alamance County's Government, its agencies, and its community partners to work together to develop a community-based System of Care approach. Comprehensive services and supports for our children and their families require broad and ongoing family, neighborhood, and community partnerships. Other partners are encouraged and invited to join in this agreement as desired.

The undersigned will review and update this document annually.

Annual Addendum

The Children's Executive Oversight Committee consents to provide oversight for the following initiatives during the calendar year 2009.

- Child and Family Support Team Initiative – ABSS
- Juvenile Crime Prevention Council
- Alamance Community Collaborative
- Child Protection/Child Fatality Team
- Family Court
- Alamance Alliance (SAMHSA)

The individuals listed below originally executed this Memorandum of Agreement on this the 16th day of December 16, 2008.

Signature

Date

The Honorable James Roberson, Chief District Court Judge

Susan Osborne, Director, Alamance County DSS

Dan Hahn, CEO, Alamance-Caswell-Rockingham LME

Chief Mike Williams, Burlington Police Department

Edward Grady, Chief Court Counselor, Alamance DJJDP

Dan Ingle, Alamance County Commissioner

Dr. Randy Bridges, Superintendent, Alamance-Burlington
School System

Karen Russell, Alamance County Guardian Ad Litem

Barry Bass, Director, Alamance County Health Department

Cindy Watkins, Executive Director, Alamance Partnership
for Children

Terry Johnson, Alamance County Sheriff

Cindy Brady, Executive Director, Alamance United Way

Appendix K:

Family Partner Consent to Contact Form
Bladen County, North Carolina

Family Partner Consent to Contact Form Bladen County, North Carolina

Bladen Family Advocate Services

208 South Morehead Street

Elizabethtown, NC 28337

(910) 862-2085



Date: _____

I, _____ give my consent to _____, Child Welfare Social Worker to provide contact information on my behalf to Bladen Family Advocacy/Parent Partner Services.

I understand that this consent allows staff from the Department of Social Services to provide contact information to Bladen Family Advocacy/Parent Partner Services so that the Family Advocate can contact me, in person or by telephone.

My name is: _____

The phone number where I can be reached is: _____

An alternate number where I can be reached is: _____

My address is: _____

Signature

Date

Appendix L:

Family Partner Consent and Release Form
Bladen County, North Carolina

Family Partner Consent and Release Form Bladen County, North Carolina

Bladen County Family Advocacy Program

208 South Morehead Street

Elizabethtown, NC 28337



CONSENT AND RELEASE FORM

Name: _____

Provider/Agency: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

This form is to verify that the above named individual has voluntarily requested assistance and support from the Bladen Family Advocacy Program. This program is designed to help assist and educate parents and/or caregivers about child serving systems' requirements and to help them understand the process, as well as advocate on their behalf.

By signing this release I am giving the above named provider/agency the permission to discuss my current involvement with the Bladen Family Advocacy Program Representative.

Signature

Date

Family Support Specialist
Bladen Family Advocacy Program

Date

Appendix M:

Family Partner Program Scope of Work
Mecklenburg County, North Carolina

Family Partner Program Scope of Work Mecklenburg County, North Carolina

SECTION III – PROGRAM DESCRIPTION

A. Focus Area

Mecklenburg County has a vision that, “In 2015, Mecklenburg County will be a community of pride and choice for people to live, work and recreate.” To make this vision come alive, Mecklenburg County created a Balanced Scorecard to measure progress toward the vision and committed to target resources toward those strategies that work best.

This contract fits in the focus area of Community Health & Safety. The scope of the contract is to reduce the number of children taken into Department of Social Services (DSS) custody.

B. Service Provider Responsibilities

The Service Provider in partnership with Youth and Family Services (YFS) shall work to ensure the achievement of the goals outlined in this contract. The Service Provider shall demonstrate a commitment to permanence and family centered practice by partnering with YFS to ensure that children and families receive strength-based, culturally competent, and individualized services that are family focused and community-based. The Service Provider shall work collaboratively with YFS to operationalize these values and principles. Specifically, the Service Provider shall:

Family Partner Organization:

- i. Provide supervision for the Family Partner, including but not limited to, prioritization of activities, and oversight and appraisal of service delivery.
- ii. Maintain an established physical site, which is in compliance with local building and health standards and has communication facilities such as telephone, fax, and Internet capacity.
- iii. Provide work space conducive to the successful execution of all of the functions of the Family Partner.
- iv. Support the Family Partner in supporting any established expectations of the contract, including but not limited to communication protocols.
- v. Receive and disburse payroll.
- vi. Assure prompt and accurate reporting to the funding agency regarding services provided and funding received and disbursed.
- vii. Maintain well-defined opening hours that are convenient for recipients.
- viii. Maintain an established fiscal management and reporting system.

Family Partner:

- a) Provide FCM/TDM preparation and support to ten (10) YFS involved families per month.
- b) Identify and recruit two former child welfare involved parents to participate in Family Support Specialist (Parent Partners) initiative aimed at providing peer-to-peer support to families involved in child welfare services.
- c) Maintain resource list of Family Support Specialist (Parent Partners) within designated Geo-district and ensure (via monthly reporting process) that thirty percent (30%) of Family Support Specialists participate in FCM.⁴
- d) Identify and recruit two new resource families within the Geo-district per quarter to achieve a total of eight (8) resource families per fiscal year.⁵

⁴ Success in this deliverable is contingent on actual participation of FCM Volunteers in CFT/TDM per Geo-district.

⁵ Success in this deliverable is contingent on actual enrollment of the prospective resource family in MAPP class.

- e) Provide Parenting Support Services (within designated Geo-district) to twenty-five (25) families that are mandated to receive the services based on court mandate or CFT/TDM referral.⁶
- f) Participate on one Systems of Care Collaborative Subcommittee (i.e. Social Marketing, Informal Supports, Training, Cultural Competence, Evaluations, or Independent Living Subcommittees) to foster transfer Family Partners and Family Support Specialists regarding local and State Systems of Care goals and objectives.
- g) Participate in a minimum of four monthly State Systems of Care Core Group meetings and bi-monthly Mecklenburg County Community Collaborative meetings (quarterly).
- h) Assist with Systems of Care evaluation related activities.
- i) Maintain and communicate information about current community-based resources and supports available to children and families in the Geo-district.
- j) Submit monthly reports and monthly invoices to Family Partner Liaison on the first (1st) working day following the end of the month.

⁶ Success in this deliverable is contingent on the receipt of Systems of Care Carryover Funds.